

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		2					56						
7		4					57						
8		2					58						
9		4					59						
10		2					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23		2					73						
24		2					74						
25		4					75						
26		2					76						
27		4					77						
28		4					78						
29		4					79						
30		2					80						
31		4					81						
32		2					82						
33		2					83						
34		2					84						
35		1					85						
36		2					86						
37		1					87						
38		1					88						
39		2					89						
40		2					90						
41		1					91						
42		2					92						
43		1					93						
44		2					94						
45		1					95						
46		2					96						
47		1					97						
48		2					98						
49		1					99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	87						TOTAL DEP.						
TOTAL CLAIMS	90						TOTAL CLAIMS						